

2017 City of Akron Retiree Supplemental Benefits Guide



DANIEL HARRIGAN, MAYOR

New for 2017, the City of Akron will host an Open Enrollment period for the Retiree Supplemental Benefit program.

Open Enrollment is your opportunity to review, enroll and make changes to your supplemental medical, dental and vision benefits.

Open Enrollment is MANDATORY this year. Even if you are not making any changes, you must review, complete, sign and return the enclosed Retiree Supplemental Enrollment Form. Your current benefits will not roll over or continue if you do not return your completed enrollment form, with the exception of Life Insurance.

This benefit guide is designed to help you understand your options, inform you of changes to the benefits (including any required contributions), outline the enrollment process, and provide you guidance on where to get additional information. This guide contains a summary of information and is not intended to provide detailed information.

All enrollments and any changes made to the Retiree Supplemental Medical, Retiree Dental or Retiree Vision benefits during this Open Enrollment period will take effect February 1, 2017.

Changes made to Life Insurance Beneficiaries take effect as soon as your Beneficiary Change Form is received by the City.

**Open
Enrollment
is
December 19th
through
January 13th.**

**Please review this
entire package
carefully.
If you do not
return your
completed
Enrollment Form by
January 13th,
your coverage may
be terminated
January 31, 2017.**

Have questions? Attend an Open Enrollment Information Meeting!

Meeting dates and times are on page 11 of this guide.

This is a summary of benefit information and does not guarantee benefits. It is not intended as a detailed overview of benefits. Some limitations and/or exclusions may apply.

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Additional Forms Included with this Guide:

- ⇒ **Retiree Supplemental Benefit Enrollment Form**
- ⇒ **Working Spouse Form and Spouse's Employer Certification of Coverage Form**
- ⇒ **Life Insurance Beneficiary Form**

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Who is Eligible for Retiree Supplemental Benefits?

The City of Akron Retiree Supplemental Benefit program consists of Retiree Supplemental Medical, Retiree Dental and Retiree Vision benefits, subject to the eligibility requirements summarized below.

Retiree

To be eligible for the City of Akron Retiree Supplemental Benefit program, you must be currently retired from the City of Akron, or retire from the City of Akron with a hire date prior to January 1, 2017, and:

- ⇒ Retire with the Ohio Public Employees Retirement System (OPERS) or the Ohio Police and Fire Pension Fund (OP&F) **AND**
- ⇒ Enroll in the health care plan available through OPERS or OP&F.

Proof of enrollment with OPERS or OP&F will be required annually.

Note: Enrollment in the Retiree Dental and Retiree Vision benefits does not require enrollment in the health insurance benefits through OPERS or OP&F.

Surviving Spouse of a deceased City of Akron Retiree

A surviving spouse who was the lawful spouse of the Retiree at the time of the Retiree's death is eligible to continue with the supplemental benefit program, as long as the surviving spouse does not remarry. If a surviving spouse remarries, benefits shall cease as of the date of the new marriage. A surviving spouse must notify the City of Akron Employee Benefit Division if he/she remarries.

Stepchildren of the deceased Retiree are not eligible.

Surviving Child of a deceased City of Akron Retiree

A surviving child conceived during the life of the Retiree, natural born or adopted is eligible to continue with the supplemental benefit program as long as the child meets the dependent eligibility requirements. See page 4 for information on eligible dependent requirements.

Dental and Vision Only

Retirees, Surviving Spouses, and Surviving Children are eligible for the Retiree Dental and Retiree Vision benefits, even if they do not elect the Retiree Supplemental Medical benefits.

There is no monthly contribution required for enrolling in the Retiree Dental and/or Retiree Vision benefits.

Who is Eligible for Retiree Supplemental Benefits? continued

Dependents of Retirees and Surviving Spouses

Eligible Dependents of a Retiree

- ⇒ Lawful Spouse, see new Working Spouse Provision on page 7.
A spouse that is an active City of Akron employee with health coverage or a Retiree of the City of Akron is ineligible to be covered as a dependent spouse on this benefit program.
- ⇒ A natural born child⁽¹⁾ or adopted child, or a child placed for adoption with the Retiree, who is less than 26 years old.
- ⇒ A natural born child⁽¹⁾ or adopted child, or a child placed for adoption with the Retiree, who is 26 or more years old and primarily supported by the Retiree and incapable of self-sustaining employment by reason of mental or physical disability. This incapacity must have started before age 26.
- ⇒ A stepchild who meets the definition of a dependent under the Federal Internal Revenue regulations for Federal Income Tax purposes.
- ⇒ A child for whom the Retiree has legal custody or guardianship and who meets the definition of a dependent under the Federal Internal Revenue regulations for Federal Income Tax purposes.

Eligible Dependents of a Surviving Spouse

- ⇒ A Retiree's natural born child⁽¹⁾ or adopted child of the deceased Retiree, who is less than 26 years old.
- ⇒ A Retiree's natural born child⁽¹⁾ or adopted child of the deceased Retiree, who is 26 or more years old and primarily supported by the Retiree and incapable of self-sustaining employment by reason of mental or physical disability. This incapacity must have started before age 26.

Who is NOT eligible to participate in the Retiree Supplemental Medical Benefits?

- ⇒ A Retiree or a Retiree's spouse who is not enrolled or declines enrollment in the OPERS or OP&F pension health care plan.
- ⇒ A Retiree whose date of hire is on or after January 1, 2017.
- ⇒ A surviving spouse who has remarried.
- ⇒ A surviving dependent child who no longer meets the dependent eligibility requirements.
- ⇒ A stepchild of a deceased Retiree.

Note:

1. A natural born child is a child conceived during the Retiree's lifetime.

Required Documents

Spouse of a Retiree

Marriage certificate AND one form of documentation establishing current marital status such as jointly filed federal tax return, joint mortgage/lease, joint bank or credit account, insurance policy dated within the past 6 months.

Retiree's Dependent Child (under age 26)

Birth certificate or adoption decree naming the Retiree or Retiree's lawful spouse as the parent OR copy of court order naming the Retiree as the child's legal guardian or custodian.

Disabled child (age 26 or older)

Birth certificate or adoption decree naming the Retiree or Retiree's legal spouse as the parent OR copy of court order naming the Retiree as the child's legal guardian or Custodian AND Disability Verification Form, as required.

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Overview of Benefits Effective February 1, 2017

Retiree Supplemental Medical Benefits

Monthly Contributions

Effective February 1, 2017, eligible Retiree, Surviving Spouse and Surviving Children who enroll in the Retiree Supplemental Medical Benefits will be charged a monthly contribution as follows:

- ⇒ Single election: \$30 per month
- ⇒ Family election: \$60 per month
- ⇒ Family election with Spousal Surcharge: \$210 per month

See Page 9 for information on how to pay the monthly contributions.

Working Spouse Surcharge

If you enroll your lawful spouse on the Supplemental Medical benefits, and that spouse is working and has access to employer sponsored health care, you need to review the Working Spouse Provisions on pages 6 and 7.

Limitations and additional fees may apply if you cover a working spouse on this program.

Benefit Design Changes

Effective February 1, 2017, the benefits available under the Retiree Supplemental Medical benefit will be provided based on the summary of benefits on page 12.

Benefits will continue to pay supplemental to your State Retirement benefit based on this new summary of benefits.

ID Cards

New ID cards will be issued from Medical Mutual. If you do not receive your new ID card prior to February 1, 2017 you may still continue to use your current card until your new card arrives.

If you need a new card or additional cards please call Medical Mutual at 1-877-328-6664.

Overview of Benefits Effective February 1, 2017

Retiree Dental Benefits

There is no monthly contribution to enroll in the Retiree Dental Benefit.

There is no change for 2017 to the benefit design for dental.

You may enroll in dental, even if you do not enroll in the Retiree Supplemental Medical benefit.

Retiree Vision Benefits

There is no monthly contribution to enroll in the Retiree Vision Benefit.

There is no change for 2017 to the benefit design for vision.

You may enroll in vision, even if you do not enroll in the Retiree Supplemental Medical benefit.

Retiree Life Insurance Benefits

Retirees are provided with Basic Life Insurance at no cost to the Retiree. Life Insurance benefits are currently administered through The Standard.

The amount of life insurance you are covered for is included on the enclosed Enrollment Form.

Upon retirement from the City of Akron, the amount of Life Insurance benefit you had as an active employee remains in force for twelve (12) months. Twelve (12) months after your retirement, the benefit amount is reduced by 50%. If you have retired within the past 12 months, the amount of life insurance listed on your enrollment form may change after 12 months of retirement.

A Life insurance Beneficiary Form has been included for your convenience. If you are not sure who you have listed as your life insurance beneficiary, or you need to update it, please complete the beneficiary form and return it with your Enrollment Form.

Working Spouse Provision

If you do not cover a spouse on the Supplemental Medical Benefits this section does not apply to you.

If you are enrolling a spouse on the Supplemental Medical Benefits, you must complete the Working Spouse Form and return it with your Enrollment Form. Even if your spouse does not work, you must complete the Working Spouse Form and return it.

Spouses of City of Akron Retirees who are eligible for health insurance coverage from their employer must enroll in that coverage effective February 1, 2017 and must continue that coverage with his/her employer, or pay a \$150 monthly spousal surcharge to remain on the City of Akron Retiree Supplemental Medical benefit. If a spouse enrolls on their employers health plan, they may remain on the City of Akron benefit as secondary or tertiary and do not have to pay the \$150 monthly spousal surcharge.

Examples of when the surcharge would apply because your spouse has not enrolled on his/her employer's plan:

Spouse is offered employer sponsored coverage from their place of employment, but does not elect that coverage and remains on the City of Akron program as primary.

Examples of when the surcharge would not apply:

- The spouse does not work.
- The spouse has primary coverage at their place of employment and enrolled in the City of Akron program as a dependent with the benefit providing coverage on a secondary or tertiary coordination of benefit basis. Retiree will be required to pay the family rate and the birthday rule will apply for dependent children, if any are covered.
- Spouses whose employer charges monthly single contributions greater than or equal to \$150 per month can remain on the City's program without a surcharge. If the employer offers multiple plans with lower contributions, then the \$150 spousal surcharge would apply.
- A spouse whose employer net single deductible is greater than or equal to \$1,000 a year can remain on the City's program without surcharge. If the employer offers multiple plans with a net deductible lower than \$1,000, then the \$150 spousal surcharge would apply. Proper documentation from spouse's employer required (See Spousal Certification of Coverage Form).
 - * Net Deductible Example: if employer offers a \$2000 High Deductible HSA plan but contributes \$1,500 to help cover the cost of the deductible then the net deductible is \$500. In this scenario the spouse would have to pay a surcharge to remain on the City's program.

Working Spouse Provision continued

In order to be exempt from the \$150 monthly spousal surcharge, the following criteria must be met during this Open Enrollment period:

Spouse must provide a signed statement from their employer (see Spousal Certification of Coverage form) which would include all plan designs, all employee contributions and employer contributions. If spouses employers Section 125 plan document does not allow for this qualifying event, special administration steps will be taken to further discuss and obtain documentation in order for surcharge to be waived.

- ⇒Dental and Vision deductibles do not count toward the test.
- ⇒If you are a self-employed/business owner and you offer an employer sponsored plan to your employees the spousal surcharge criteria will apply.
- ⇒Voluntary contributions towards HSA and FSA will not count toward the employee contribution test.
- ⇒If a spouse experiences a qualifying event that results in a loss of coverage at their place of employment permissible under IRC S. 125 the spouse may enroll in the Supplemental Medical benefit and the surcharge will not apply. Examples of qualifying events may include, but are not necessarily limited to:
 - Reduction in work hours, termination of employment, a strike or lockout resulting in loss of coverage.
 - Commencement of unpaid leave of absence
 - A change in worksite or place or residence of the spouse

Note: Retiree has 31 days to notify the City of a qualifying event.

Should the spouse gain employment or access to their employer health plan outside of Open Enrollment, they must notify the City within 31 days of the available coverage. If the newly available coverage meets the criteria for spousal surcharge, the employee will be subject to the surcharge if the spouse chooses not to elect their employer's coverage.

If a Retiree fails to notify the City of Akron of a change in their spouses eligibility status, this may constitute fraud and it may be subject to consequences including, but not limited to, reimbursing the City for expenses paid while not eligible for the benefit.

Monthly Contributions

Retiree Supplemental Medical Benefit Contributions

- ⇒ If you enroll for Single benefits: \$30 per month
- ⇒ If you enroll for Family benefits: \$60 per month
- ⇒ If you enroll for Family benefits and are subject to the Spousal Surcharge: \$210 per month

How to Submit Monthly Contribution Payments

The City of Akron will send an invoice to the home address on file.

The first invoice will arrive around February 15, 2017. Payment will be due within 18 days of the date of the invoice.

You will have several options to pay the monthly contributions that are invoiced to you.

Details on payment options will be included with the first invoice you receive for the Supplemental Retiree Medical benefits in February, 2017. **No information regarding payments or payment options will be available until that time.**

How to Enroll

Retiree Supplemental Benefit Enrollment Form

An Enrollment Form is included with this packet. You must use this form to make your benefit enrollment elections which will take effect February 1, 2017. The form is pre-printed with the current information and dependents the City of Akron has on file for you. Review the information on this form carefully, and make any changes or corrections on the form.

Please verify the following:

- ⇒ Social Security Number—Is it correct? Is it yours?
- ⇒ Address
- ⇒ Dependents—verify that the dependents listed on your election form meet the eligibility requirements outlined in this guide, and provide the required supporting documents.
- ⇒ Dates of Birth

Please select the supplemental benefits you want to enroll in by checking the boxes of the appropriate benefit elections on the form. Enrollment forms should be returned to the address below.

Forms and Documents Required for this Open Enrollment

- ⇒ Retiree Supplemental Benefit Enrollment Form
- ⇒ Proof of OPERS or OP&F health care enrollment (if enrolling in Retiree Supplemental Medical)
- ⇒ Working Spouse Form and Spouse's Employer Certification of Coverage Form (if applicable)
- ⇒ Life Insurance Beneficiary Form

Documents for dependent coverage:

- ⇒ Spouse—copy of marriage certificate and proof establishing current marital status.
- ⇒ Child—copy of birth certificate, adoption papers or court document awarding custody or requiring coverage.

All forms must be returned no later than 4:00 p.m. Friday, January 13, 2017.

Please return your forms and documents to:

**City of Akron
Employee Benefits Division
146 South High Street, Suite 120
Akron, Ohio 44308**

Business hours: 8:00 a.m. to 4:30 p.m., Monday—Friday (excluding Holidays)

You may also Fax to (330) 375-2239 or e-mail to Benefits@akronohio.gov

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Life/Family Status Changes During the Year

A qualifying life event or change in your situation can make you eligible for a Special Enrollment Period, allowing you to make changes to the Retiree Supplemental Benefits outside the yearly Open Enrollment period.

Should you experience a qualifying life event, you must notify the Employee Benefits Division within 31 days of the event in order to make any changes to your benefit elections.

Qualifying Life Events

Loss of Health Coverage

- Losing existing health coverage
- Losing eligibility for Medicare or Medicaid
- Dependent child losing coverage

Changes in household

- Getting married or divorced
- Having a baby or adopting a child
- Death in the family

Gain Health Coverage

Open Enrollment Meetings

If you have questions regarding this Open Enrollment period or information in this guide, please attend one of the meetings hosted at the locations below.

Location	Date	Time
Betty Jane Community Learning Center 444 Darrow Rd Akron, Ohio 44305	Mon. December 19, 2016	5:00-6:00 p.m.
Akron-Summit County Library 60 S High Street Akron, Ohio 44326	Tue. December 20, 2016 Tue. December 20, 2016 Thur. January 5, 2017 Thur. January 5, 2017	10:30-11:30 a.m. 1:00-2:00 p.m. 10:30-11:30 a.m. 1:00-2:00 p.m.
Patterson Community Center 800 Patterson Akron, Ohio 44310	Tue. December 20, 2016	5:00-6:00 p.m.
Voris Community Learning Center 1885 Glenmount Avenue Akron, Ohio 44301	Tues. January 3, 2017	5:00-6:00 p.m.

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Retiree Supplemental Medical Benefits

Medical coverage is currently administered by Medical Mutual and utilizes the SuperMed PPO network. There are two levels of coverage available (network and non-network) each time you or a family member receives care. If the provider is in the SuperMed PPO network, there is a higher level of coverage. If the provider is not in the network, there is a lower level of coverage which results in higher out of pocket costs to you.



These benefits pay as a supplement to your other coverages. Some limitations and exclusions may apply based on coverage rules.

Supplemental Medical Benefit Summary

		In-Network	Out-of-Network
Deductible	Single	\$100	\$200
	Family (1)	\$200	\$400
Coinsurance (*after deductible)		20%/80%*	30%/70%*
Coinsurance Out-of-Pocket Maximum (includes deductible)	Single	\$725	\$1,450
	Family (1)	\$2,175	\$4,350
Office Visit	PCP (2)	\$10	30%/70%*
	Specialist (2)	\$20	30%/70%*
Office Visit – Preventive/Routine services ONLY		100%	30%/70%*
Emergency Room (waived if admitted)		\$100	\$100
Non-Emergency use of Emergency Room		\$100 copay/80%*	\$100 copay/70%*
Urgent Care		\$40	30%/70%*
Diagnostic Lab, X-Ray, and Medical Tests		20%/80%*	30%/70%*

1. For the family deductible and coinsurance out-of-pocket maximum, one individual on the program will never pay more than the Single Deductible/Out-of-Pocket maximum, and the whole Family combined will never pay more than the Family Deductible/Out-of-Pocket maximum. Example: Employee and Spouse enrolled. Employee has \$725 Out-of-Pocket maximum and Spouse has \$725 Out-of-Pocket maximum (not \$2,175).
2. Office visit copayments are based on the type of provider that performs the office visit. PCP (Primary Care Physician) is a practitioner that specializes in general practice, family practice, internal medicine, obstetrics and gynecology (OB/GYN), psychiatry, psychology, and certain licensed counselors. Specialists are practitioners, other than a Primary Care Physician, who provides services within a designated specialty area of practice such as dermatologists, cardiologists, chiropractor, endocrinologist and podiatrists to name a few.

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Retiree Dental Benefits

For:

Akron Nurses Association who retired on or after 4-1-1988

Management who retired on or after 7-1-1988

Non-Bargaining who retired on or after 7-1-1988

AFSCME who retired on or after 3-1-1988

CSPA who retired on or after 12-1-1988

CWA who retired on or after 8-1-1988



Dental coverage is currently administered through Guardian. This program uses a network of participating providers (PPO) who agree to access Guardian's **U**sual, **C**ustomary and **R**easonable (UCR) fee. Guardian pays all claims (network and non-network) at the [90th] percentile. This means less out of pocket cost to you.

	PPO	
Dental Benefit Provision	Network	Non-Network
Calendar Year Deductible (Single/Family)	NONE	
Class I – Preventive Oral Exams, Prophylaxis (dental cleaning), Bitewing X-rays, Full Mouth X-Rays, Sealants	100%	100% of UCR
Class II – Basic Fillings (one surface), General Anesthesia ⁽¹⁾ , Scaling & Root Planing (per quadrant), Simple Extractions	100%	100% of UCR
Class III – Major Dentures, Single Crowns	60%	60% of UCR
Class IV – Orthodontic Procedures Adults and Children	60% Coverage	60% Coverage
Orthodontic Lifetime Maximum	\$2,500	
Annual Yearly Maximum (Per Person) Applies to Class I, Class II & Class III	\$500	

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Retiree Dental Benefits

For:

Police who retired on or after 10-1-1983

Firefighters who retired on or after 5-1-1986



Dental coverage is currently administered through Guardian. This program uses a network of participating providers (PPO) who agree to access Guardian's **Usual, Customary and Reasonable (UCR)** fee. Guardian pays all claims (network and non-network) at the [90th] percentile. This means less out of pocket cost to you.

	PPO	
Dental Benefit Provision	Network	Non-Network
Calendar Year Deductible (Single/Family)	NONE	
Class I – Preventive Oral Exams, Prophylaxis (dental cleaning), Bitewing X-rays, Full Mouth X-Rays, Sealants	100%	100% of UCR
Class II – Basic Fillings (one surface), General Anesthesia ⁽¹⁾ , Scaling & Root Planing (per quadrant), Simple Extractions	100%	100% of UCR
Class III – Major Dentures, Single Crowns	60%	60% of UCR
Class IV – Orthodontic Procedures Adults and Children	60% Coverage	60% Coverage
Orthodontic Lifetime Maximum	\$2,500	
Annual Yearly Maximum (Per Person) Applies to Class I, Class II & Class III	\$1,500	

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Retiree Vision Benefits

Vision coverage is currently administered through Medical Mutual.

The Benefit Period is February 1st to January 31st.



Vision Schedule of Benefits	
Type of Service	Benefit Maximums
Vision Examinations	One exam per rolling 12 months (1) \$50 allowance per exam
Frames	One pair per rolling 24 months (1) \$60 per Frame
Lenses Contact Lenses (in lieu of lenses)	One pair per rolling 12 months (1) Single Vision \$40 allowance per pair Bifocals \$60 allowance per pair Trifocals \$76 allowance per pair Lenticular \$92 allowance per pair After cataract Surgery \$116 allowance per pair Medically Necessary \$116 allowance per pair Cosmetic \$60 allowance per pair Disposable \$60 allowance per prescription

Notes:

1. In determining the rolling 12 or 24 month period for benefit maximums, the actual date of service will apply. For example: If services were provided on January 31st, the next set of services would not be eligible for payment until after January 31st of the following year.

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Contact Information

Retiree Supplemental Medical

Group Number: 500878

Medical Mutual Customer Service - Claims, Benefit questions, prior authorization

1-877-328-6664

Website: Find a doctor

www.medmutual.com

Retiree Dental

Group Number: 434378

Guardian Customer Service:

1-800-541-7846

Website: Find a dentist

www.guardiananytime.com

Retiree Vision

Group Number: 500878

Medical Mutual Customer Service - Claims, Benefit questions, prior authorization

1-800-326-5729

City of Akron

Employee Benefits Division

Phone: (330) 375-2700

Fax: (330) 375-2239

Benefits@akronohio.gov

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